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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated FISH & RICHARDSON P.C. P.O. Box 1022 helow. Minneapolis, MN 55440-1022 John A. Dragseth (Depositor's name) (Signature) 11/03/2006 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/044.277 01/10/2002 Eric M. DoBrava 10527-434001 8439 TITLE OF INVENTION: ASPIRATING BALLOON CATHETER FOR TREATING VULNERABLE PLAQUE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE 01/04/2007 \$300 \$1700 nonprovisional NO \$1400 ART UNIT CLASS-SUBCLASS EXAMINER NGUYEN, VICTOR X 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the 1. Fish & Richardson P.C.____ CFR 1.363). names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single [-] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent] "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) SciMed Life Systems, Inc. Maple Grove, MN Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | individual | [X] corporation or other private group entity [] government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): [X] A check in the amount of the fce(s) is enclosed. [X1 Issue Fee ſΧΊ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies [X] The Director is hereby authorized to charge the required fec(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2 []b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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